2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# 725498

Entity Name: WINDWARD BAY, INC.

Current Principal Place of Business:

4888 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

4888 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1683876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOBECK, DANIEL J
2033 MAIN STREET
SUITE 403
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GORNOWICZ, CAROLYN	
Address:	4960 GULF OF MEXICO DRIVE, PH3	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	STEAGALL, LARRY P	
Address:	4700 GULF OF MEXICO DRIVE, PH5	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	VP	( ) Delete
Name:	HARTIGAN, JOHN D MD	
Address:	4540 GULF OR MEXICO DRIVE, 303	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	RUTH, MOHLENHOFF	
Address:	4960 GULF OR MEXICO DRIVE, PH2	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	T	( ) Delete
Name:	LEMACK, AL	
Address:	4500 GULF OF MEXICO DRIVE, 303	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	S	( ) Delete
Name:	COHEN, EDWARD D	
Address:	4974 GULF OF MEXICO DRIVE	
City-St-Zip:	LONGBOAT KEY, FL 34228	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AL LEMACK T 02/27/2009

Electronic Signature of Signing Officer or Director — Date